

AN ORDINANCE 2006-03-23-0382

**AUTHORIZING THE EXECUTION OF A CONTRACT CHANGE WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES PROVIDING \$126,194.00 FOR THE HEALTH SERVICES/EDUCATION PROGRAM OF THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT; EXTENDING THE PERIOD FROM FEBRUARY 28, 2006 THROUGH AUGUST 31, 2006; AND REVISING THE PROGRAM BUDGET.**

\* \* \* \* \*

**WHEREAS**, the City Manager was authorized to execute the Public Health State Support Project 2005/2006 contract with the Texas Department of State Health Services (TDSHS) through an ordinance passed and approved on January 13, 2005, providing annual assistance to the City in support of the core public health activities offered by the San Antonio Metropolitan Health District (SAMHD); and

**WHEREAS**, contract changes are made throughout the term of the contract in order to renew grant programs when their terms expire; and

**WHEREAS**, the TDSHS has now offered a contract change totaling \$126,194.00 through Contract Change Notice No. 16, Attachment 07A to supplement support for the ongoing Health Services/Education Program in the SAMHD and extend the period of the contract from February 28, 2006 through August 31, 2006; and

**WHEREAS**, staff in the Health Services/Education Program work in a variety of public health activities which include the implementation of a community health improvement plan, public relations, promotion of healthy lifestyles, clerical support; **NOW THEREFORE:**

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:**

**SECTION 1.** The City Manager or her designee is authorized to execute a contract change with the Texas Department of State Health Services providing \$126,194.00 for the Health Services/Education Program of the San Antonio Metropolitan Health District and extending the period of the contract from February 28, 2006 through August 31, 2006. A copy of said contract change is attached hereto and incorporated herein for all purposes as Attachment I.

**SECTION 2.** SAP Fund No. 26016000 entitled "Texas Department of State Health Service", Fund Center 3601140000, Cost Center 3601140002, Internal Order 136000000287 entitled "2005-06 Health Services/Education Program" is hereby designated for use in accounting for the fiscal transactions of this project and authorized to be revised in accordance with Contract Change Notice No. 16.

**SECTION 3.** The sum of \$126,194.00 is hereby appropriated in the above-designated fund and the revised budget which is attached hereto and incorporated herein for all purposes as Attachment II is approved and adopted for entry on the City books.

**SECTION 4.** The five (5) personnel positions set out in Attachment II and incorporated herein are authorized for the activity shown thereon.

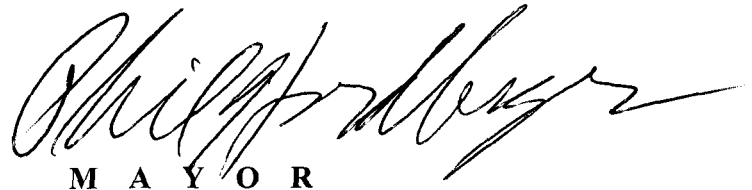
**SECTION 5.** The financial allocations in this Ordinance are subject to approval by the Director of Finance, City of San Antonio. The Director of Finance may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

**SECTION 6.** This ordinance shall become effective on and after April 2, 2006.

PASSED AND APPROVED this 23rd day of March, 2006.

ATTEST:


  
\_\_\_\_\_  
City Clerk



M A Y O R

PHIL HARDBERGER

APPROVED AS TO FORM:

  
\_\_\_\_\_  
City Attorney



**DEPARTMENT OF STATE HEALTH SERVICES  
1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199**

STATE OF TEXAS

DSHS Document No. 7460020708 2006

COUNTY OF TRAVIS

Contract Change Notice No. 16

The Department of State Health Services, hereinafter referred to as RECEIVING AGENCY, did heretofore enter into a contract in writing with SAN ANTONIO METROPOLITAN HEALTH DISTRICT hereinafter referred to as PERFORMING AGENCY. The parties thereto now desire to amend such contract attachment(s) as follows:

**SUMMARY OF TRANSACTION:**

ATT NO. 07A : RLSS-LOCAL PUBLIC HEALTH SYSTEM

All terms and conditions not hereby amended remain in full force and effect.

EXECUTED IN DUPLICATE ORIGINALS ON THE DATES SHOWN.

Authorized Contracting Entity (type above if different  
from PERFORMING AGENCY) for and in behalf of:

**PERFORMING AGENCY:**SAN ANTONIO METROPOLITAN HEALTH  
DISTRICT

By: \_\_\_\_\_  
(Signature of person authorized to sign)

\_\_\_\_\_  
(Name and Title)

Date: \_\_\_\_\_

**RECOMMENDED:**

By: \_\_\_\_\_  
(PERFORMING AGENCY Director, if different  
from person authorized to sign contract)

**RECEIVING AGENCY :**

DEPARTMENT OF STATE HEALTH SERVICES

By: \_\_\_\_\_  
(Signature of person authorized to sign)

Bob Burnette, Director  
Client Services Contracting Unit  
\_\_\_\_\_  
(Name and Title)

Date: \_\_\_\_\_

# DETAILS OF ATTACHMENTS

Att/ Amd No.	DSHS Program ID/ DSHS Purchase Order Number	Term		Financial Assistance		Direct Assistance	Total Amount (DSHS Share)
		Begin	End	Source of Funds*	Amount		
01	HIV/PREV 0000301959	01/01/05	12/31/05	93.940	232,350.00	0.00	232,350.00
03	STD/HIV 0000302392	01/01/05	12/31/05	93.940 93.977	321,254.00	0.00	321,254.00
04	TB/PC 0000302377	01/01/05	12/31/05	93.116	356,700.00	0.00	356,700.00
05	HIV/SURV 0000303156	01/01/05	12/31/05	93.944	123,869.00	0.00	123,869.00
06	DIAB/CDSP 0000306306	04/01/05	03/29/06	93.988	90,000.00	0.00	90,000.00
07A	RLSS/LPHS 0000309916	09/01/05	08/31/06	State 93.991	279,082.00	0.00	279,082.00
08	EPI/LEAD 0000307363	07/01/05	06/30/06	93.262	35,520.00	0.00	35,520.00
09	TB/PC 0000309488	09/01/05	08/31/06	State	189,472.00	0.00	189,472.00
10	CPS/BIO-LAB 0000310170	09/01/05	08/31/06	93.283	250,000.00	0.00	250,000.00
11	CPS/BIOTERR 0000310219	09/01/05	08/31/06	93.283	1,918,789.00	0.00	1,918,789.00
12	IMM/LOCALS 0000310324	09/01/05	08/31/06	State	429,812.00	0.00	429,812.00
13	NSS/WIC-CARD 0000311358	10/01/05	09/30/06	10.557	0.00	0.00	0.00
14	REFUGEE 0000311479	10/01/05	09/30/06	93.566 93.576	143,495.00	0.00	143,495.00
15	CPS/CRI 0000314023	01/01/06	08/31/06	93.283	200,000.00	0.00	200,000.00
16	CHS/TITLE X 0000314162	01/01/06	08/31/06	93.217	33,333.00	0.00	33,333.00
DSHS Document No.7460020708 2006 Change No. 16					Totals	\$ 0.00	\$4,603,676.00

\*Federal funds are indicated by a number from the Catalog of Federal Domestic Assistance (CFDA), if applicable. REFER TO BUDGET SECTION OF ANY ZERO AMOUNT ATTACHMENT FOR DETAILS.

DOCUMENT NO. 7460020708-2006  
ATTACHMENT NO. 07A  
PURCHASE ORDER NO. 0000309916

PERFORMING AGENCY: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

RECEIVING AGENCY PROGRAM: REGIONAL AND LOCAL SERVICES  
SECTION

TERM: September 01, 2005 THRU: August 31, 2006

It is mutually agreed by and between the contracting parties to amend the conditions of Document No. 7460020708 2006 -07as written below. All other conditions not hereby amended are to remain in full force and effect.

SECTION I. SCOPE OF WORK is revised to include the following:

PERFORMING AGENCY shall comply with applicable RECEIVING AGENCY programmatic guidelines in accordance with activities outlined in the final accepted FY06 Service Delivery Plan.

PERFORMANCE MEASURES

PERFORMING AGENCY shall complete the PERFORMANCE MEASURES as stated in the FY 06 LPHS Service Delivery Plan, and as agreed upon by RECEIVING AGENCY, and hereby attached as Exhibit B.

SECTION I. SCOPE OF WORK, fourth paragraph, is revised to add the following bulleted items:

- PERFORMING AGENCY'S FY 06 LPHS Service Delivery Plan;
- FY 05 Texas Application for Preventive Health and Health Services Block Grant Funds; and
- Government Code section 403.1055, "Permanent Fund for Children and Public Health".

SECTION II. SPECIAL PROVISIONS, second paragraph, is revised to add the following:

PERFORMING AGENCY shall submit an Annual Budget and Expenditures Report in a format specified by and to RECEIVING AGENCY by December 15, 2006.

# DEPARTMENT OF STATE HEALTH SERVICES

RECEIVING AGENCY PROGRAM: REGIONAL AND LOCAL SERVICES SECTION

PERFORMING AGENCY: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

CONTRACT TERM: 09/01/05 THRU: 08/31/06 BUDGET PERIOD: 09/01/05 THRU 08/31/06

DSHS DOC. NO. 7460020708 200607A CHG. 16

## REVISED CONTRACT BUDGET

FINANCIAL ASSISTANCE			
OBJECT CLASS CATEGORIES	CURRENT APPROVED BUDGET (A)	CHANGE REQUESTED (B)	NEW OR REVISED BUDGET (C)
Personnel	\$112,381.00	✓ \$73,309.00	\$185,690.00
Fringe Benefits	40,507.00	✓ 30,728.00	71,235.00
Travel	0.00	✓ 5,000.00	5,000.00
Equipment	0.00	0.00	0.00
Supplies	0.00	✓ 1,461.00	1,461.00
Contractual	0.00	0.00	0.00
Other	0.00	15,696.00	15,696.00
Total Direct Charges	\$152,888.00	\$126,194.00	\$279,082.00
Indirect Charges	0.00	0.00	0.00
TOTAL	\$152,888.00	\$126,194.00	\$279,082.00
PERFORMING AGENCY SHARE:			
Program Income	0.00	0.00	0.00
Other Match	0.00	0.00	0.00
RECEIVING AGENCY SHARE	\$152,888.00	\$126,194.00	\$279,082.00
PERFORMING AGENCY SHARE	\$0.00	\$0.00	\$0.00
<div> <div>Detail on Indirect Cost</div> <div>Rate Type:</div> <div> <div>Rate</div> <div>0.00</div> <div>Base</div> <div>\$0.00</div> <div>Total</div> <div>\$0.00</div> </div> </div>			
Budget Justification: Amendment is to extend end term from 02/28/06 to 08/31/06 and budget funds for additional 6 months. Revised Number to be Served/Units of Service: 81,000			

Form No. GC-9 ECPS - Rev. 10/04

Financial status reports are due the 30th of December, 30th of March, 30th of June, and the 30th of November.

# EXHIBIT B

## FY 2006 Request for OPHP "000" Local Public Health Support Funds

### Service Delivery Plan

Contract Term: September 1, 2005 through August 31, 2006

*This Service Delivery Plan (Plan) must be completed and submitted to OPHP by November 11, 2005 to renew Triple 0 Contracts for FY 2006. The Plan must outline how essential public health services will be carried out to meet/complete proposed objective(s) and activities to address a public health issue(s), and describe how resources (personnel, equipment, etc) funded through this contract will be used to accomplish the proposed Plan.*

**Local Health Department:** San Antonio Metropolitan Health District

**Address:** 332 W. Commerce

**LHD Triple 0 Contact:** Charles E. Pruski

**City, State, Zip:** San Antonio, Texas 78205

**Telephone:** 210-207-8757

**Email:** cpruski@sanantonio.gov

**Budget Narrative:** Complete the by budget table below by showing the breakdown category. Also include a brief description of how these categorical funds will be used to meet the proposed objective(s) as outlined in the attached Service Delivery Plan.

Budget Category	GR Amount	Description/Justification of Resources - Briefly describe how the funds in each category will be used to meet the proposed objective(s). (Include the public health issue if the Plan will include more than one public health issue.)
Personnel	\$185,690.05	Consolidated personnel costs for five (5) Health District staff
Fringe	\$ 71234.66	Consolidated fringe benefits costs for five (5) Health District staff
Travel	\$ 5,000.00	Daily mileage costs for assigned employees; travel expenses for one national conference for staff member (Special Projects Manager)
Equipment		
Supplies	\$1,461.24	Office Supplies for assigned staff
Contractual		
Other (Indirect Costs)	\$15,696.05	Authorized indirect cost rate for salaries of assigned employees; registration fees for staff to attend conference in support of activities outlined in service delivery plan
Direct Assistance (any state position paid with "000" funds)		
Total Amount Requested	279,082.00	All positions

## FY 2006 Triple 0 Project Work Plan

Complete the table below to outline how FY 06 Triple 0 Contract funds will be used to address a public health issue through essential public health services. The Plan should include a brief description of the public health issue(s) or public health program to be addressed by Triple 0 funded staff, and measurable objective(s) and activities for addressing the issue. Only public health issues/programs, objectives and activities conducted and supported by Triple 0 funded staff should be listed. List at least one objective and subsequent required information for each public health issue or public health program that will be addressed with these contract funds. The plan must also describe a clear method for evaluating the services that will be provided, including identification of a specific evaluation standard, as well as recommendations or plans for improving essential public health services delivery based on the results of the evaluation. Complete the table below for each public health issue or public health program to be addressed by Triple 0 funded staff. The table below may be duplicated as needed for this purpose.

<b>Public Health Issue:</b> Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed. See Service Delivery Plans and Project Work Plans for individual Health District employees.		
<b>Essential Public Health Service(s):</b> List the EPHS(s) that will be provided or supported with FY 06 Triple 0 Contract funds		
<b>Objective(s):</b> List at least one measurable objective to be achieved with resources funded through this contract. Number all objectives to match issue being addressed. Ex: 1.1, 1.2, 2.1, 2.2, etc.)		
<b>Performance Measure:</b> List the performance measure that will be used to determine if the objective has been met. List a performance measure for each objective listed above.		
<b>Activities</b> List the activities that will be conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives.	<b>Evaluation and Improvement Plan</b> List the standard and describe how it will be used to evaluate the activities conducted.	<b>Deliverable</b> Describe the tangible evidence that the activity was completed



# FY 2006 Request for OPHP "000" Local Public Health Support Funds Service Delivery Plan

Contract Term: September 1, 2005 through August 31, 2006

*This Service Delivery Plan (Plan) must be completed and submitted to OPHP by November 11, 2005 to renew Triple 0 Contracts for FY 2006. The Plan must outline how essential public health services will be carried out to meet/complete proposed objective(s) and activities to address a public health issue(s), and describe how resources (personnel, equipment, etc) funded through this contract will be used to accomplish the proposed Plan.*

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**City, State, Zip:** San Antonio, Texas 78205

**Address:** 332 W. Commerce

**LHD Triple 0 Contact:** Charles E. Pruski **Telephone:** 210-207-8757 **Email:** cpruski@sanantonio.gov

**Budget Narrative:** *Complete the by budget table below by showing the breakdown category. Also include a brief description of how these categorical funds will be used to meet the proposed objective(s) as outlined in the attached Service Delivery Plan.*

Budget Category	GR Amount	PHHSBG Amount	Description/Justification of Resources - Briefly describe how the funds in each category will be used to meet the proposed objective(s). (Include the public health issue if the Plan will include more than one public health issue.)
Personnel	\$ 26,176.02		1 Administrative Assistant I - 1) receive complaints and requests for service related to public health that have been forwarded through the San Antonio City Council and coordinate staff efforts to resolve; 2) ensure that contracts and ordinances have been appropriately submitted, executed and filed; 3) compile and submit payroll information required for Director's Office; 4) type and mail correspondence to stakeholders and constituents.
Fringe	12,893.85		N/A
Travel			
Equipment			
Supplies	\$300.00		Office supplies
Contractual			
Other (Indirect Costs)	\$2,125.49		
Direct Assistance (any state position paid with "000" funds)		N/A	
Total Amount Requested	\$41,495.36		N/A

## FY 2006 Triple 0 Project Work Plan

Complete the table below to outline how FY 06 Triple 0 Contract funds will be used to address a public health issue through essential public health services. The Plan should include a brief description of the public health issue(s) or public health program to be addressed by Triple 0 funded staff, and measurable objective(s) and activities for addressing the issue. Only public health issues/programs, objectives and activities conducted and supported by Triple 0 funded staff should be listed. List at least one objective and subsequent required information for each public health issue or public health program that will be addressed with these contract funds. The plan must also describe a clear method for evaluating the services that will be provided, including identification of a specific evaluation standard, as well as recommendations or plans for improving essential public health services delivery based on the results of the evaluation. Complete the table below for each public health issue or public health program to be addressed by Triple 0 funded staff. The table below may be duplicated as needed for this purpose.

<b>Public Health Issue:</b> Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed.		
Coordinating the administration of public health services done through the Office of the Director of Health		
<b>Essential Public Health Service(s):</b> List the EPHS(s) that will be provided or supported with FY 06 Triple 0 Contract funds		
Link people to needed personal health services and assure the provision of health care when otherwise unavailable.		
<b>Objective(s):</b> List at least one measurable objective to be achieved with resources funded through this contract. Number all objectives to match issue being addressed. Ex: 1.1, 1.2, 2.1, 2.2, etc.)		
1.1 To receive complaints and requests for service related to public health that have been forwarded through the San Antonio City Council and coordinate staff efforts to resolve. 1.2 Ensure that contracts have been appropriately executed and filed.		
<b>Performance Measure:</b> List the performance measure that will be used to determine if the objective has been met. List a performance measure for each objective listed above.		
100% of all complaints and requests for service obtained from the San Antonio City Council ("blue blazers") will be coordinated, tracked and satisfactorily closed within 7 working days. 100% of all contracts will be executed within the timeframes set by City policy.		
<b>Activities</b> List the activities that will be conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives.	<b>Evaluation and Improvement Plan</b> List the standard and describe how it will be used to evaluate the activities conducted.	<b>Deliverable</b> Describe the tangible evidence that the activity was completed
1.1.1 On day of receipt, input blue blazers into log book for tracking.	1.1 - All blue blazers will be investigated and requested services completed within 7 days of receipt. (If an extension is necessary, coordinate development of a written request from Assistant Director of Health.)	1.1.1 All blue blazers recorded in logbook with appropriate notations to reflect work performed.
1.1.2 Forward copy of blue blazer to appropriate Division on day of receipt with instructions to complete required service and submit report within 5 days.		1.1.2 Copy of email sent to Division Head and notation in logbook.
1.1.3 Follow up with Division to ensure that report is submitted within 5 day deadline.		1.1.3 Notation in logbook.
1.1.4 Obtain report from Division and forward		1.1.4 Notation in log book; report available within time

<p>to Assistant Director for final review.</p> <p>Update log.</p> <p>1.1.5 Submit final report to City Council within 7-day total timeline. Update log to reflect submittal. File copy of report.</p> <p>1.2.1 Maintain tracking form of contracts that have been approved by City Council and need to be executed.</p> <p>1.2.2 Review tracking form as needed and follow up to ensure that contract has been executed in a timely manner; file one copy and forward copy to contractor.</p>	<p>1.2 - All contracts will be executed within the timelines specified by City policy and kept on file in the Director's Office.</p>	<p>frame.</p> <p>1.1.5 Completed report submitted to City Council; notation in logbook; final copy on file.</p> <p>1.2.1 All contracts will be logged onto tracking form as soon as the ordinance authorizing execution has been approved.</p> <p>1.2.2 All contracts will be executed within the timelines specified by City policy and on file.</p>
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# Service Delivery Plan

**Contract Term:** September 1, 2005 through August 31, 2006

*This Service Delivery Plan (Plan) must be completed and submitted to OPHP by November 11, 2005 to renew Triple 0 Contracts for FY 2006. The Plan must outline how essential public health services will be carried out to meet complete proposed objective(s) and activities to address a public health issue(s), and describe how resources (personnel, equipment, etc) funded through this contract will be used to accomplish the proposed Plan.*

**Local Health Department:** San Antonio Metropolitan Health District

**City, State, Zip:** San Antonio, Texas 78205

**Address:** 332 W. Commerce

**Telephone:** 210-207-8757

**Email:** cpruski@sanantonio.gov

**LHD Triple 0 Contact:** Charles E. Pruski

Also include a brief description of how these categorical funds

**Budget Narrative:** Complete the by budget table below by showing the breakdown category. Also include a brief description of how these categorical funds will be used to meet the proposed objective(s) as outlined in the attached Service Delivery Plan.

Budget Category	GR Amount	PHHSBG Amount	Description/Justification of Resources - Briefly describe how the funds in each category will be used to meet the proposed objective(s). (Include the public health issue if the Plan will include more than one public health issue.)
Personnel	\$ 51,188.02		1 Public Relations Manager to develop and disseminate public health messages to produce a public health television series, and oversee advertising messages to promote Health District services.
Fringe	\$ 17,761.19		N/A
Travel	\$2,000.00		Daily mileage costs
Equipment			
Supplies	\$300.00		Office supplies
Contractual			
Other (Indirect Costs)	\$4,156.47	N/A	
Direct Assistance (any state position paid with "000" funds)			N/A
<b>Total Amount Requested</b>	<b>\$ 75,405.68</b>		

## FY 2006 Triple 0 Project Work Plan

Complete the table below to outline how FY 06 Triple 0 Contract funds will be used to address a public health issue through essential public health services. The Plan should include a brief description of the public health issue(s) or public health program to be addressed by Triple 0 funded staff, and measurable objective(s) and activities for addressing the issue. Only public health issues/programs, objectives and activities conducted and supported by Triple 0 funded staff should be listed. List at least one objective and subsequent required information for each public health issue or public health program that will be addressed with these contract funds. The plan must also describe a clear method for evaluating the services that will be provided, including identification of a specific evaluation standard, as well as recommendations or plans for improving essential public health services delivery based on the results of the evaluation. Complete the table below for each public health issue or public health program to be addressed by Triple 0 funded staff. The table below may be duplicated as needed for this purpose.

<b>Public Health Issue:</b> <i>Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed.</i>		
Providing public health information to the community.		
<b>Essential Public Health Service(s):</b> <i>List the EPHS(s) that will be provided or supported with FY 06 Triple 0 Contract funds</i>		
Inform, educate, and empower people about health issues.		
<b>Objective(s):</b> <i>List at least one measurable objective to be achieved with resources funded through this contract. Number all objectives to match issue being addressed. Ex: 1.1, 1.2, 2.1, 2.2, etc.)</i>		
2.1 Develop multimedia messages to build community awareness of public health issues utilizing press releases, press conferences, editorial commentary, magazine or journal articles and special events. 2.2 Produce "To Your Good Health" cable television series. 2.3 Design and place advertising materials using local and neighborhood print outlets, billboards, PSAs on radio and TV, and bus advertisements featuring Health District programs and projects.		
<b>Performance Measure:</b> <i>List the performance measure that will be used to determine if the objective has been met. List a performance measure for each objective listed above.</i>		
2.1 Multimedia messages will be developed to build public awareness of public health issues. 2.2 The cable television series "To Your Good Health" will be produced. 2.3 Advertising materials will be designed and placed.		
<b>Activities</b> <i>List the activities that will be conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives.</i>	<b>Evaluation and Improvement Plan</b> <i>List the standard and describe how it will be used to evaluate the activities conducted.</i>	<b>Deliverable</b> <i>Describe the tangible evidence that the activity was completed</i>
2.1.1 Employee will obtain the required information through direct instruction from the Director's office or research and craft an appropriate public health message.	2.1.1 Media messages must be interesting and succinct.	2.1 – Timely and effective media messages in video, audio, or printed format.
2.1.2 Employee will maintain a database of local television, radio and print outlets to facilitate the dissemination of information to these media outlets.	2.1.2 Press conferences must be organized to maximize media attendance.	

<p>2.1.3 For emergency events, employee will coordinate media releases with City Emergency Operations Center.</p>	<p>2.1.3 Documents submitted to the media must be well-written and contain an accurate and compelling public health message.</p>	
<p>2.2.1 Employee will produce television shows for the "To Your Good Health" series at approximately one show per month.</p>	<p>2.2.1 Employee must arrange to have interesting speakers and topics for the broadcast. 2.2.1 Interviews must follow a logical line of questions and bring out important public health information. 2.2.1 Employee must coordinate closely with cable television personnel to ensure that video taping is organized and on schedule.</p>	<p>2.2- Series of television shows aired on salient public health topics.</p>
<p>2.3.1 Employee will manage a budget available for public health messages.</p> <p>2.3.2 Employee will be familiar with procedures for contracting with local vendors for printing, flyer dissemination, billboards, etc.</p>	<p>2.3.1 Budget will be managed appropriately and will adhere to fiscal regulations.</p> <p>Public health messages must target those individuals at highest risk for adverse health consequences.</p>	<p>2.3 - PSAs, billboards, and print materials that effectively promote Health District activities.</p>

# FY 2006 Request for OPHP "000" Local Public Health Support Funds Service Delivery Plan

Contract Term: September 1, 2005 through August 31, 2006

*This Service Delivery Plan (Plan) must be completed and submitted to OPHP by November 11, 2005 to renew Triple 0 Contracts for FY 2006. The Plan must outline how essential public health services will be carried out to meet complete proposed objective(s) and activities to address a public health issue(s), and describe how resources (personnel, equipment, etc) funded through this contract will be used to accomplish the proposed Plan.*

**Local Health Department:** San Antonio Metropolitan Health District

**Address:** 332 W. Commerce

**City, State, Zip:** San Antonio, Texas 78205

**LHD Triple 0 Contact:** Charles Pruski (Linda Hook) **Telephone:** 210-207-8808 **Email:** lhook@sanantonio.gov

**Budget Narrative:** Complete the by budget table below by showing the breakdown category. Also include a brief description of how these categorical funds will be used to meet the proposed objective(s) as outlined in the attached Service Delivery Plan.

Budget Category	GR Amount	PHHSBG Amount	Description/Justification of Resources - Briefly describe how the funds in each category will be used to meet the proposed objective(s). (Include the public health issue if the Plan will include more than one public health issue.)
Personnel	\$23,236.07		0.5 Special Projects Coordinator to: 1) Organize, implement, and cultivate partnerships with organizations, non profits, and community partners to implement educational programs as they relate to the prevention of diabetes, asthma, obesity, smoking cessation and tobacco-related illnesses; 2) Meet defined performance measures. 4) Participate with community partners in identifying strategies to engage community by utilizing media and marketing efforts.
Fringe	\$8,421.74		
Travel			
Equipment			
Supplies	\$261.24		Office supplies
Contractual			
Other (Indirect Costs)	\$1,886.77		
Direct Assistance (any state position paid with "000" funds)			
Total Amount Requested	\$33,805.82		

## FY 2006 Triple 0 Project Work Plan

Complete the table below to outline how FY 06 Triple 0 Contract funds will be used to address a public health issue through essential public health services. The Plan should include a brief description of the public health issue(s) or public health program to be addressed by Triple 0 funded staff, and measurable objective(s) and activities for addressing the issue. Only public health issues/programs, objectives and activities conducted and supported by Triple 0 funded staff should be listed. List at least one objective and subsequent required information for each public health issue or public health program that will be addressed with these contract funds. The plan must also describe a clear method for evaluating the services that will be provided, including identification of a specific evaluation standard, as well as recommendations or plans for improving essential public health services delivery based on the results of the evaluation. Complete the table below for each public health issue or public health program to be addressed by Triple 0 funded staff. The table below may be duplicated as needed for this purpose.

**Public Health Issue:** Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed.  
Targeted – Diabetes, Obesity, Asthma and tobacco related issues

**Essential Public Health Service(s):** List the EPHS(s) that will be provided or supported with FY 06 Triple 0 Contract funds  
Collaborate with local agencies to create partnerships that will serve the targeted community in chronic disease prevention as it relates to diabetes, obesity and asthma.

**Objective(s):** List at least one measurable objective to be achieved with resources funded through this contract. Number all objectives to match issue being addressed. Ex: 1.1, 1.2, 2.1, 2.2, etc.)

- 3.1 Prevent diabetes among those with pre-diabetes by educating community regarding diet, exercise and nutrition education.
- 3.2 Increase tobacco cessation through education and program self-management and by utilizing diverse support mechanisms.
- 3.3 Improve quality of care among those with diabetes, obesity, asthma and smoking related issues by working closely with the medical providers and nursing professionals/partners.

**Performance Measure:** List the performance measure that will be used to determine if the objective has been met. List a performance measure for each objective listed above.

- 3.1 Track number of participants in diabetes related programs through pre and post tests and through continued program participation
- 3.2 Obtain statistical information from the cessation and education programs offered through programs that indicate number of smokers' who quit
- 3.3 Work closely with providers to provide program resources to their clients and then track the number of participants who attend partner-related programs as they relate to diabetes, obesity, asthma and tobacco cessation programs.

<b>Activities</b> List the activities that will be conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives.	<b>Evaluation and Improvement Plan</b> List the standard and describe how it will be used to evaluate the activities conducted.	<b>Deliverable</b> Describe the tangible evidence that the activity was completed
3.1 Coordinating partners to ensure and assist in thorough program implementation.	3.1 All partners will be effectively managed per federal regulations regarding both program and fiscal management.	3.1 Identification of number of participants in partner-related and Steps-SA funded programs.
3.2 Utilize media relations to educate targeted community about smoking cessation program	3.2 All media messages will be culturally relevant and address positive behavior change with regards to	3.2 Media messages on file.



<p>and work with partners in implementing programs at provider clinics</p> <p>3.3 Provide in-service educational opportunities that clearly outline program objectives and methods of program delivery.</p>	<p>smoking cessation. Each partner will be provided with media materials.</p> <p>3.3 All partner / provider in-services will be conducted with best practice methodology.</p>	<p>3.3 In-service training materials and methodologies on file.</p>
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# FY 2006 Request for OPHP "000" Local Public Health Support Funds Service Delivery Plan

**Contract Term:** September 1, 2005 through August 31, 2006

*This Service Delivery Plan (Plan) must be completed and submitted to OPHP by November 11, 2005 to renew Triple 0 Contracts for FY 2006. The Plan must outline how essential public health services will be carried out to meet/complete proposed objective(s) and activities to address a public health issue(s), and describe how resources (personnel, equipment, etc) funded through this contract will be used to accomplish the proposed Plan.*

**Local Health Department:** San Antonio Metropolitan Health District

**Address:** 332 W. Commerce

**City, State, Zip:** San Antonio, Texas 78205

**LHD Triple 0 Contact:** Charles E. Pruski

**Telephone:** 210-207-8757

**Email:** cpruski@sanantonio.gov

**Budget Narrative:** Complete the by budget table below by showing the breakdown category. Also include a brief description of how these categorical funds will be used to meet the proposed objective(s) as outlined in the attached Service Delivery Plan.

Budget Category	GR Amount	PHHSBG Amount	Description/Justification of Resources - Briefly describe how the funds in each category will be used to meet the proposed objective(s). (Include the public health issue if the Plan will include more than one public health issue.)
Personnel		\$ 51,884.04	1 - Special Projects Manager to oversee the implementation of the community health improvement plan developed through the Mobilizing for Action Through Planning and Partnerships (MAP3) process.
Fringe		\$17,896.63	N/A
Travel		\$3,000.00	Conference
Equipment			
Supplies		\$300.00	Office supplies
Contractual			
Other (Indirect Costs)		\$4,831.00	
Direct Assistance (any state position paid with "000" funds)			
<b>Total Amount Requested</b>		\$77,911.67	N/A

## FY 2006 Triple 0 Project Work Plan

Complete the table below to outline how FY 06 Triple 0 Contract funds will be used to address a public health issue through essential public health services. The Plan should include a brief description of the public health issue(s) or public health program to be addressed by Triple 0 funded staff, and measurable objective(s) and activities for addressing the issue. Only public health issues/programs, objectives and activities conducted and supported by Triple 0 funded staff should be listed. List at least one objective and subsequent required information for each public health issue or public health program that will be addressed with these contract funds. The plan must also describe a clear method for evaluating the services that will be provided, including identification of a specific evaluation standard, as well as recommendations or plans for improving essential public health services delivery based on the results of the evaluation. Complete the table below for each public health issue or public health program to be addressed by Triple 0 funded staff. The table below may be duplicated as needed for this purpose.

<b>Public Health Issue: Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed.</b> <input type="checkbox"/> Facilitate the implementation of a local public health system improvement plan for San Antonio and Bexar County, through the "Mobilizing for action through Planning and Partnerships" (MAPP) process. <input type="checkbox"/> Seek relevant and appropriate grant opportunities for health improvement.			
<b>Essential Public Health Service(s): List the EPHS(s) that will be provided or supported with FY 06 Triple 0 Contract funds</b> Mobilize community partners to identify and solve health problems.			
<b>Objective(s): List at least one measurable objective to be achieved with resources funded through this contract. Number all objectives to match issue being addressed. Ex: 1.1, 1.2, 2.1, 2.2, etc.)</b> 4.1 Provide leadership and direction to the local public health system (LPHS) partners in San Antonio and Bexar County in carrying out the MAPP process, and in implementing a community health improvement plan. 4.2 Seek opportunities to collaborate with LPHS partners to pursue funding opportunities in support of MAPP and the LPHS improvement plan.			
<b>Performance Measure: List the performance measure that will be used to determine if the objective has been met. List a performance measure for each objective listed above.</b> 4.1 Complete all phases of MAPP and document process. 4.1.1 Implement LPHS improvement plan for each of the identified strategic public health issues. 4.2 Apply for grant funding in support of MAPP and the LPHS improvement plan.			
<b>Activities List the activities that will be conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives.</b> 4.1.1 Conduct monthly meetings of Alliance Co-chairs Committee to develop structure and governance of the Alliance. 4.1.2 Continue recruitment of public health partners into Alliance. 4.1.3 Monitor progress of community health improvement plan. 4.1.4 Evaluate strategic issue committee process and progress.	<b>Evaluation and Improvement Plan List the standard and describe how it will be used to evaluate the activities conducted.</b> 4.1.1 The structure and governance of the Alliance will be developed using best practice models from other community based collaborations throughout the country. 4.1.2 Recruitment of new Public Health Partners into the Alliance will follow best practices techniques. 4.1.3 All activities within the Community Health Improvement Plan will follow best practice standards. 4.1.4 The effectiveness of the strategic issue committees will be evaluated using the model entitled, "The	<b>Deliverable Describe the tangible evidence that the activity was completed</b> 4.1.1 Schedule and meeting notes from each of the monthly co-chairs meetings 4.1.2 Alliance member roster 4.1.3 Report documenting implementation of community health improvement plan 4.1.4 Evaluation plan for each committee	

<p>4.2.1 Subscribe to funding alert systems to actively seek funding opportunities, and distribute funding alerts to public health partners appropriately.</p> <p>4.2.2 Seek and pursue funding opportunities to support community health improvement plan.</p>	<p>Turning Point: The Ten Dimensions of Change". The MAPP project manager will develop and perform periodic evaluations of each committee. Evaluation strategies will also be developed for each of the implementation steps.</p> <p>4.2.1 MAPP project manager will stay alert to applicable RFPs and build efforts to respond to them effectively.</p> <p>4.2.2 Best Practice models for community collaboration will be used to guide grant application efforts.</p>	<p>4.2.1 List of funding opportunities</p> <p>4.2.2 Completed grant applications</p>
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# FY 2006 Request for OPHP "000" Local Public Health Support Funds Service Delivery Plan

Contract Term: September 1, 2005 through August 31, 2006

*This Service Delivery Plan (Plan) must be completed and submitted to OPHP by November 11, 2005 to renew Triple 0 Contracts for FY 2006. The Plan must outline how essential public health services will be carried out to meet/complete proposed objective(s) and activities to address a public health issue(s), and describe how resources (personnel, equipment, etc) funded through this contract will be used to accomplish the proposed Plan.*

**Local Health Department:** San Antonio Metropolitan Health District

**City, State, Zip:** San Antonio, Texas 78205

**Address:** 332 W. Commerce

**Telephone:** 210-207-8747

**Email:** ipollok@sanantonio.gov

**LHD Triple 0 Contact:** Charles E. Pruski (Roger Pollok)

**Budget Narrative:** Complete the by budget table below by showing the breakdown category. Also include a brief description of how these categorical funds will be used to meet the proposed objective(s) as outlined in the attached Service Delivery Plan.

Budget Category	GR Amount	PHHSBG Amount	Description/Justification of Resources - Briefly describe how the funds in each category will be used to meet the proposed objective(s). (Include the public health issue if the Plan will include more than one public health issue.)
Personnel	\$ 33,205.90		1 Laboratory Technologist II to: 1) Generate Purchase Requisitions, Requests for Payments and Annual Contracts, 2) Supervise Central Service Section of Laboratory, 3) Act as liaison between Laboratory and Vendors, and 4) Assist Laboratory Director with Annual Budget. N/A
Fringe	\$ 14,261.87		
Travel			
Equipment			
Supplies	\$300.00		Office supplies
Contractual			
Other (Indirect Costs)	\$2,696.32		
Direct Assistance (any state position paid with "000" funds)			
Total Amount Requested	\$ 50,463.47		N/A

## FY 2006 Triple 0 Project Work Plan

Complete the table below to outline how FY 06 Triple 0 Contract funds will be used to address a public health issue through essential public health services. The Plan should include a brief description of the public health issue(s) or public health program to be addressed by Triple 0 funded staff, and measurable objective(s) and activities for addressing the issue. Only public health issues/programs, objectives and activities conducted and supported by Triple 0 funded staff should be listed. List at least one objective and subsequent required information for each public health issue or public health program that will be addressed with these contract funds. The plan must also describe a clear method for evaluating the services that will be provided, including identification of a specific evaluation standard, as well as recommendations or plans for improving essential public health services delivery based on the results of the evaluation. Complete the table below for each public health issue or public health program to be addressed by Triple 0 funded staff. The table below may be duplicated as needed for this purpose.

<b>Public Health Issue:</b> Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed. Supervise Laboratory Central Services, Central Receiving, and monitor procurement and budget activities.		
<b>Essential Public Health Service(s):</b> List the EPHS(s) that will be provided or supported with FY 06 Triple 0 Contract funds Link people to needed personal health services and assure the provision of health care when otherwise unavailable.		
<b>Objective(s):</b> List at least one measurable objective to be achieved with resources funded through this contract. Number all objectives to match issue being addressed. Ex: 1.1, 1.2, 2.1, 2.2, etc.) 5.1 Generates Purchase Requisitions, Request for Payments (RFP PO), and Annual Contracts for Laboratory Supplies and Services to include typing, budget considerations, tangibles/services follow-up backup file management and all payment and Petty Cash initiation. 5.2 Supervise Central Service Section of Laboratory in relation to maintenance, QA/QC, and record keeping for Sterilization, Dry Heat Ovens, and Steam Sterilizers, Water Deionizer equipment, and waste management of sharps and other medical waste. 5.3 Liaison between Laboratory and Vendors, Post Office, UPS, FedEx, Nursing Services, STD, Print Shop, Purchasing Dept., Equipment Service Entities, Laboratory Proficiency Services, Texas Department of Health for Supported Supplies and the generation of the Laboratory Monthly Reports. 5.4 Supervise the Central Receiving Section relating to patient/data entry, specimen preparation procedures and the distribution of specimens to appropriate sections.		
<b>Performance Measure:</b> List the performance measure that will be used to determine if the objective has been met. List a performance measure for each objective listed above. 5.1 Employee will provide laboratory with supplies, equipment, and payments in a timely manner, to aid in overall lab efficiency. 5.2 Maintain laboratory certification, QA/QC, and record keeping requirements related to CLIA, and the TDH. 5.3 Coordinate with external points of contact any communication necessary for effective cooperative services. 5.4 To perform corrective action, and design development to the multiple LIMS to achieve greater efficiencies. ( Example: turn around time )		
<b>Activities</b> List the activities that will be conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives. 5.1.1 Order/Pay for lab expendables and equipment items, and maintain petty cash records. 5.2.1 Maintain necessary requirements in Central Services related to CLIA and TDH Certifications.	<b>Evaluation and Improvement Plan</b> List the standard and describe how it will be used to evaluate the activities conducted. 5.1.1 Monitor overall lab efficiency relating to the necessary test requirements. 5.2.1 Monitor all QA/QC, laboratory logs, proficiencies, for mentioned certifications.	<b>Deliverable</b> Describe the tangible evidence that the activity was completed 5.1.1 All lab sections would have the necessary supplies to operate. 5.2.1 The necessary Certifications are in effect and good standing.

<p>5.3.1 Coordinate vendor deliveries, equipment services, package pickups.</p> <p>5.4.1 Coordinate, monitor, and maintain activities related to patient data entry, and proper distribution of specimens to appropriate lab sections.</p>	<p>5.3.1 Monitor the response time for supply shortages and equipment failures.</p> <p>5.4.1 Monitor specimen requirements as related to CLIA to include proper submission times, collection vessels, sample preparation, and storage.</p>	<p>5.3.1 Lab sections are operating efficiently in areas of supplies availability and equipment maintenance.</p> <p>5.4.1 Monitor LIMS entries for data completion specimen turn around time, and overall specimen management.</p>
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**ATTACHMENT II**  
**Public Health State Support Project 2005-2006 (State)**  
**Fund 26016000**  
**Fund Center 3601140000**  
**TDSHS Contract No. 7460020708 2006**

<u>ESTIMATED REVENUES</u>	<u>GL</u>	<u>PREVIOUS BUDGET</u>	<u>ADD (DEDUCT)</u>	<u>REVISED BUDGET</u>
Attachment #07A	4501110	152,888	126,194	279,082
Total Estimated Revenues	\$	152,888	126,194	279,082

**APPROPRIATIONS**

**Health Services/Education Program**

Activity: 36-01-14 09/01/05 to 08/31/06

Cost Center 3601140002

Internal Order 136000000287 "2005-06 Health Services/Education Progra"

Regular Salaries & Wages	5101010	99,495	83,495	182,990
Language Skill Pay	5101050	600	(600)	0
Retirement Benefits - Soc. Sec.	5103005	7,611	6,594	14,205
Life Insurance	5103010	279	55	334
Personal Leave Buy Back Pay	5103035	4,207	(4,207)	0
Health Benefit Assessments	5405040	20,847	14,253	35,100
Retirement Benefits - TMRS	5105010	11,770	9,826	21,596
Transportation Expense	5203090	0	2,000	2,000
Transportation Allowance	5103056	0	2,700	2,700
Binding & Printing	5203060	0	2,000	2,000
Communications	5403010	0	3,000	3,000
Software License	5404520	0	1,365	1,365
Automatic Data Processing	5403520	0	2,000	2,000
Subscription to publications	5203070	0	800	800
Mail & Parcel	5205010	0	1,531	1,531
Education	5201025	0	5,000	5,000
Travel - Offical	5207010	0	3,000	3,000
Supplies	5302010	0	1,461	1,461
Indirect Costs	5406530	8,079	(8,079)	0
Total Estimated Revenues	\$	152,888	126,194	279,082

**PERSONNEL COMPLEMENT:**

	<u>PREVIOUS POSITIONS</u>	<u>ADD (DEDUCT)</u>	<u>REVISED POSITIONS</u>
Activity 36-01-14:			
Cost Center 3601140002			
Internal Order 136000000287			
0040 Administrative Assistant I	1	0	1
0080 Public Relations Manager	1	0	1
0216 Laboratory Technologist II	1	0	1
0866 Special Projects Manager	1	0	1
0870 Special Projects Coordinator (.50 FTE)	1	0	1
Total 36-01-14:	5	0	5